



Inspection Report on

Care Cymru RCT

**28 Commercial Street
Beddau
Pontypridd
CF38 2DB**

Date Inspection Completed

03/03/2023

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About Care Cymru RCT

Type of care provided	Domiciliary Support Service
Registered Provider	Care Cymru Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	24 March 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care Cymru is a domiciliary support service providing personal care and support to people in their own homes, in the Rhondda Cynon Taf area. There are two branches at the service in Beddau and Mountain Ash with a service manager and an office team at each, who are all suitably qualified and registered with Social Care Wales as required.

The service ensures people receiving support have personal plans detailing their individual care needs, however these need to be reviewed regularly and involve people and their representatives as appropriate. There are also issues around times of calls, length of calls, some missed calls, and tasks being carried out as per care plans. All of which require improvement. Concerns with recording on Medication Administration Record (MAR) charts and medication management are ongoing. This was an area of improvement at the last inspection and requires the provider to take immediate action. Some people and their representatives are complimentary about the positive relationships they have with care and office staff. Staff are suitably trained and feel confident and happy in their roles. Staff supervision requires improvement. The RI (Responsible Individual) visits the service regularly and carries out her regulatory duties. As this is a domiciliary support service, we do not consider the environment theme, however the office premises appeared generally secure and 'fit for purpose' during our site visits.

Well-being

Some people have choice about the care and support they receive, but due to issues around times of calls, calls being cut short, missed calls, and tasks being carried out as per care plan, this is not consistent for all people using the service. Staff develop plans with the individual and their representative, using good assessment tools. Regular review of their care packages is required. People provide feedback either face to face or through telephone monitoring, which contributes to the quality assurance of the service. The manager completes a number of audits of care practices and call logs, to make sure people are receiving a consistent and good quality service. People's language and communication needs are considered. The service does not currently provide the Welsh language offer, but we are told information such as the statement of purpose and written guide can be made available in both English and the Welsh language. The service also has a number of Welsh speaking staff.

Staff document people's needs and risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs. The service uses an electronic care monitoring system, which allows care staff to communicate any queries or issues with office staff and the management team. The system also enables office staff to communicate promptly with care workers about any changes to rotas or care tasks.

Staff help protect people from potential harm or abuse. They receive safeguarding training and have knowledge of the procedure to report any concerns they have. There are policies in place at the service such as safeguarding and whistleblowing, which are reviewed regularly. Staff receive supervision and monitoring, however this needs to be more regular and consistent.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service, and staff have training and monitoring to ensure they can carry this task out safely and appropriately. However, issues with recording of medication on MAR charts and medication management are ongoing since our last full inspection.

Care and Support

People and their families usually have positive relationships with staff. People tell us the communication is generally good. We saw a service user guide given to people, and a statement of purpose, both mainly consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care and provide channels to feed any concerns or queries back to the office. Staff use a care monitoring application on their phones to access care plans, rotas, and daily notes. Some feedback from people and their families is positive. One person said *'we got no miseries...all very good...get on very well...we have a laugh together...do a sterling job...look forward to them coming'*. A relative said *'girls are good...treat him well and with respect... have a laugh and joke with him...good banter...create a nice atmosphere'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed but this needs to be at least 3 monthly as per regulation, and must consistently evidence people and their representatives being involved. Records show and people told us of issues around times of calls, calls being cut short, missed calls, and tasks not being carried out as per the care plan. Some concerns have also been brought to CIW and the Local Authority (LA) attention since the previous inspection. While no immediate action is required, these are an area of improvement and we expect the provider to take action.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place providing clear guidance to staff. Staff have medication training, and supervisors check care workers' competence in supporting people with medication through spot checks and care worker assessments. However, we saw training for some staff is out of date and no evidence of any recent medication competency assessments. Medication documentation is not always completed accurately. Evidence of these issues is also highlighted in audits carried out by the service viewed during our inspection. Concerns have been raised with us and the LA since the last inspection and appear to continue. This was an area of improvement at the last full inspection. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they could approach management with these issues.

There are infection control measures in place. Staff have received training in the correct use of Personal Protective Equipment (PPE) and there is a clear policy and procedure in place. During our office visit, we saw there are good supplies of PPE. People, we spoke with tell us staff use PPE and practise good hand hygiene whilst in their homes, and PPE is disposed of appropriately.

Environment

As this is a domiciliary support service, we do not consider the environment theme. However, on the day of our site visits, it was noted that care files and other confidential information are kept secure in locked filing cabinets. The service also has spaces for training and meetings.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel generally supported by the management team, and benefit from the training and development programme in place. Staff tell us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff. The management team carry out 'spot checks', and care worker assessments. Staff have one-one supervision with their line managers regarding their wellbeing and professional development, but this needs to be carried out at least 3 monthly as per regulation. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

Staff receive training and offices have space for this to be carried out face to face. Staff tell us they receive rotas in good time via the care monitoring application and management advises them of any changes. Staff told us they generally feel happy and confident in their roles. One staff member said *'It's great...love working out in community...enjoy the job'* and another said *'love my job...get good support from office and management'*.

Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks. Recruitment is ongoing at the service using online platforms, attending job fayres, job centres, and incentives for existing and new staff.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. A log of complaints and reportable incidents is kept at the service. A complaints policy is also in place and appears to be followed. People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction survey questionnaires. They told us they can call the office with any issues or queries.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
58	The provider is not ensuring the recording of medication administration charts, risk assessments, and service plans are completed appropriately, and that all staff are sufficiently training and competent in medication administration.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
36	The provider is not ensuring that all staff have regular 1:1 supervision at least every 3 months	New
16	The provider is not ensuring care plan reviews are consistently carried out at least 3 monthly or evidencing people's involvement in these.	New
21	Not all people are receiving their care calls on time or for the length of time agreed on their care plans. The service provider must ensure that care and support is provided to each individual in accordance with their care plan.	New

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